

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-008624

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1146

STATE FILE NUMBER

FILED FEB 19 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis, Missouri**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY

c. CITY
OR
TOWN **St. Louis**

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **Firmin Desloge Hosp.**

Inside Limits
Yes ☐ No ☐

d. STREET
ADDRESS **4653 So. 37th St.**

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First
George

Middle
C.

Last
Friedrich

4. DATE OF DEATH
Month Day Year
February 1, 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
3-4-1879

9. AGE (last birthday)
83

IF UNDER 1 YEAR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired).
Shoe worker

10b. KIND OF BUSINESS OR INDUSTRY
Retired

11. BIRTHPLACE (City and state or country)
St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Conrad Friedrich

13b. MOTHER'S MAIDEN NAME

Mary Polster

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no none

16. SOCIAL SECURITY NO.

17. INFORMANT

Emma Von Ahnen

Address

4653 So. 37th St.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cancer Oral Cavity

INTERVAL BETWEEN
ONSET AND DEATH

DUE TO (b)

Cervical Metastases

DUE TO (c)

Cerebral Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

144 x

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour s.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **Jan. 13, 1963** to **Feb. 1, 1963** and last saw her alive on **Feb. 1, 1963**

Death occurred **7:30 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **E. X. Polster** (Degree or title)

22b. ADDRESS

634 N. Brown

22c. DATE SIGNED

2-12-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE

2-4-1963

23c. NAME OF CEMETERY OR CREMATORY

New St. Marcus Cem.

23d. LOCATION (City, town, or county)

St. Louis Co., Missouri

24. FUNERAL DIRECTOR

ADDRESS

Wingbermuehle 3819 So. Grand Blvd.

25. DATE RECD. BY LOCAL REG.

Feb. 4, 1963

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4611

P. O. Address St. Louis 8 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.